



**Arizona Department of Economic Security (ADES) Department of Developmental Disabilities (DDD)**

**2023 DDD Home & Community Based Services (HCBS) Rate Study**

**Qualified Vendor Cost and Wage Survey Tool Instructions**

**Overview**

DDD is conducting an HCBS Qualified Vendor Cost and Wage Survey ("Survey Tool") to collect cost and wage data from qualified vendors participating in the DDD program. Results from the Survey Tool will inform the development of benchmark rates for all services in DDD's 2023 HCBS Rate Study. Benchmark rates from this rate study will be published by DDD and will be used by ADES to evaluate overall HCBS funding levels and to determine future DDD rates. **This Survey Tool gives qualified vendors the opportunity to share key data to inform the development of the DDD HCBS rates and is a critical component of this Rate Study.** Milliman has been engaged by ADES to conduct the HCBS Qualified Vendor Cost and Wage Survey and to develop DDD's 2023 HCBS Benchmark Rate Study.

DDD **strongly** encourages your participation in this survey to help ADES gain a better understanding of Arizona's DDD qualified vendor resource requirements. Information collected through this survey process includes staffing, wages, and other cost information incurred by DDD qualified vendors. Your response will be held confidential and only shared as required by law. DDD will share aggregated data from survey responses but will not share vendor-specific data.

**Submitting Survey Tool responses:** Completed Survey Tools should be submitted no later than **August 25, 2023**. After completion, save the file with your vendor's name, e.g., 2023 DDD HCBS Qualified Vendor Survey– [qualified vendor name]. Once the Survey Tool is complete, please email it electronically to [ArizonaDDDSurvey@Milliman.com](mailto:ArizonaDDDSurvey@Milliman.com).

This document provides instructions for completing each worksheet in the Excel-based Survey Tool. Note that in these instructions the term "qualified vendor" refers to a provider of community disability services that has applied for qualified vendor status, meets the criteria for qualified vendor status, and has entered into a qualified vendor agreement with DDD for HCBS.<sup>1</sup> The term "Job Title" refers to the types of staff job positions providing direct HCBS, which are recognized based on education, professional designations, credentials, or relevant experience requirements, including both employed and contracted staff. This Survey Tool is intended to collect information from qualified vendors across HCBS included in DDD's 2023 HCBS Rate Study.

***If questions arise that are not addressed in these instructions or separate training materials, please contact Milliman at [ArizonaDDDSurvey@Milliman.com](mailto:ArizonaDDDSurvey@Milliman.com) with a technical assistance request.***

<sup>1</sup> ADES DDD's 2023-2024 "Request for Qualified Vendor Calculation", item 1.60, page 12. [https://des.az.gov/sites/default/files/media/RQVA-2024\\_Final.pdf?time=1689832143181](https://des.az.gov/sites/default/files/media/RQVA-2024_Final.pdf?time=1689832143181).

## Survey Tool Contents

The Survey Tool “2023 DDD HCBS Qualified Vendor Survey\_20230731” is in Microsoft Excel format, with separate worksheets (“tabs”) summarized as follows:

- *Table of Contents* –Using the dropdowns provided, select which services your organization provides in column F of this worksheet and complete the worksheets that indicate “Yes” as a required input in column I.
- *A. General* – Enter general information about your organization, such as the qualified vendor’s identification and contact information, and high-level information regarding the qualified vendor’s total revenues, annual count of members served, and other operation related questions.
- *B. Total Costs* – Enter the total annual costs associated with providing services by your organization.
- *C. Wages* – Enter the total annual hours and wages/rates for staff that are directly involved in providing DDD program services (direct care staff) or are supervisors of direct care staff by the job type that is associated with providing DDD services.
- *D. Turnover* – Enter information for direct care staff and supervisors on the number of full-time and part-time employee positions that were filled or vacant at different time points for the reporting year.
- *E. Benefits* – Enter information on the benefits that were provided to direct care staff and supervisors employed by your organization in the reporting year.
- *F. Svc Geography* – Enter the distribution of DDD services provided by your organization split by county.
- *All Remaining Worksheets for Service Specific Details* – Please only fill out the worksheets which are indicated “Yes” as a required input on column I of the *Table of Contents* worksheet.

**Entering responses into the Survey Tool:** Enter information for each question in the green highlighted “input cells” throughout the Survey Tool. Generally, the input cells are left blank for you to enter in numerical data. In some instances, there are input cells for entering in text and dropdown boxes (these are described in later sections of these instructions).

**Navigating the Survey:** Hyperlinks have been included on all worksheets to help with the navigation of this survey. To easily jump to the *Table of Contents* worksheet, cell B1 of each worksheet includes a link, which, when clicked, will bring the user to the *Table of Contents* worksheet. On the *Table of Contents* worksheet itself, there are links to each worksheet of this survey in column H.

**Providing additional notes or clarification:** A section for open notes is included at the bottom of each worksheet. Please use this section to provide any additional notes or clarifications on the information provided by your organization for each worksheet.

**Information reported in this survey should reflect information from your organization’s most recently completed fiscal year for which financial statements or general ledger data is available. The completed fiscal year for reporting should be included in the “Report Time Period” section of the A. General worksheet.**

## Table of Contents Worksheet

### **Section A: Services Provided**

Please use the dropdowns in column F of this section to select the services your organization provides for the DDD Program. Based on this selection, the table in columns H and I will automatically update to reflect the worksheets in this workbook that your organization is required to complete. The required worksheets will reflect a yellow highlight and indicate a “Yes” in the Input Required (column I). Please note that if your organization provides either group home or habilitation, individually designed living arrangement services, ADES requests that you also populate the transportation service worksheet.

### **Navigating the Survey using Table of Contents Hyperlinks**

To quickly navigate this workbook, internal hyperlinks have been included to bring the user directly to a desired worksheet. To use the hyperlinks the user will click on the sheet name of the desired worksheet from H9 to H29 of the *Table of Contents* worksheet. Once the desired worksheet name is clicked, you will automatically navigate to the applicable worksheet.

Arizona Division of Developmental Disabilities 2023 DDD Qualified Vendor Survey Tool Table of Contents	
Instructions: Click on the blue hyperlink to take you directly to the required worksheets	
Sheet Name	Input Required?
<a href="#">A. General</a>	Yes
<a href="#">B. Total Costs</a>	Yes
<a href="#">C. Wages</a>	Yes
<a href="#">D. Turnover</a>	Yes
<a href="#">E. Benefits</a>	Yes
<a href="#">F. Svc Geography</a>	Yes
<a href="#">G. Home Based Services</a>	No
<a href="#">H.1. Therapy</a>	No
<a href="#">H.2. Therapy Assistant</a>	No
<a href="#">I. Home Health &amp; Nursing</a>	No
<a href="#">J.1. Day Treat &amp; Training</a>	No
<a href="#">J.2. Day Treatment Sites</a>	No
<a href="#">K. Indiv Employment</a>	No
<a href="#">L.1. Group &amp; Center Employment</a>	No
<a href="#">L.2. Grp Employ Sites</a>	No
<a href="#">L.3. Center Employ Sites</a>	No
<a href="#">M.1. Developmental Home</a>	No
<a href="#">M.2. Dev Home Sites</a>	No
<a href="#">N.1. Group Home</a>	No
<a href="#">N.2. Group Home Sites</a>	No
<a href="#">O. Transportation</a>	No

Click on hyperlinked text to go to the desired worksheet

To go back to the *Table of Contents* worksheet, the user can click on the “table of contents” hyperlinked text in cell B1 of any of the input worksheets.

## General Worksheet

The *A. General* worksheet includes questions on vendor identification, contact information, and revenue as well as member counts in order to understand the size of the vendor’s operations.

## **Section A: Qualified Vendor and Contact Information**

### **1. Qualified vendor and contact information**

- a) *Qualified Vendor Name*: Enter your vendor/organization name as contracted with DDD.
- b) *Contact Name*: Enter the name of the person who should be contacted if there are any questions related to the information reported.
- c) *Title of Contact*: Enter the work title of the person listed as the contact within your organization.
- d) *Contact Phone Number*: Enter the phone number of the person listed as the contact.
- e) *Contact Email Address*: Enter the email address of the person listed as the contact.
- f) *Contact Mailing Address*: Enter the primary mailing address of the reporting vendor/organization.
- g) *Is your Organization Tax ID a Social Security Number?*: Using the dropdowns, please select if your organization's tax ID is also a social security number (SSN). If the answer is "Yes", you will not need to report the Tax ID in the next survey line.
- h) *Tax ID*: Enter the organization's tax identification number. Please leave this row blank if you selected "Yes" in the line above indicating your organization's tax ID is a SSN.
- i) *AHCCCS ID(s)*: Enter the Arizona Health Care Cost Containment System (AHCCCS) identification number(s) of the reporting vendor/organization.
- j) *Organization Type*: Using the dropdowns provided, please select if your organization operates as a for profit or non-profit organization.

## **Section B: Report Time Period**

### **2. Time period of reported information (should be the most recently completed fiscal year):**

- a) *(Questions 2a-b)*: Please enter the start and end dates of your organization's most recently completed financial statements or general ledgers which will be used to answer questions throughout this survey. The reporting period selected must represent a full year, unless your organization is a new vendor and a full year of reporting cannot be provided, in which case please select the most recently completed time period you can report information on.

## **Section C: Annual Revenue and Staffing**

### **3. Organization's total revenue during the reporting year**

- *(Questions 3a-e)*: Please report your organization's revenues for the reporting period broken out by the categories below. This information will be used to understand the size of your vendor organization:
  - *DDD Program Revenue* – include any payments received by your organization from DDD program services, split by ARPA-related funding vs. other DDD program funding.
  - *Non-DDD Service Revenue* – include any non-DDD program payments received by your organization for other medical programs.
  - *Fundraising/Grants* – include any revenues received by your organization from fundraising activities or grants.
  - *Other* – include any other revenues received by your organization that were not allocated to the above categories. If revenues are reported in this line, please

include a description of what these revenues were from in the blank text row under question 6 near the bottom of this worksheet.

- *Total Revenues* – automatically calculated as the sum of all inputs for the questions above. This total revenue value should match to your reported total gross revenues from the reporting year selected.

#### **4. How many unduplicated members did you serve during the reporting year**

- (Questions 4a-c): Please report the total number of members your organization provided services to during the reporting year. This should be an unduplicated count of members, meaning members should be counted at most once per input cell for the following categories:
  - *DDD Program Members* – include the unduplicated count of members your organization provided services to in the DDD program for the reporting year.
  - *Non-DDD Clients*– include the unduplicated count of non-DDD program members your organization provided services to in the reporting year.
  - *Total Members and Clients* – automatically calculated as the sum of all inputs for the questions above.

#### **5. Proportion of DDD program members your organization provided DDD services to who do not speak a prevalent language**

- (Question 5a): Please provide the proportion of DDD program members your organization provided DDD services to in the reporting year who do not speak a prevalent language. For purposes of this survey, members who speak languages other than English, Spanish, and/or Navajo would be considered as DDD program members that do not speak a prevalent language, in alignment with Chapter 26 of the DDD program provider policy manual<sup>2</sup>. This value should be reported as a percentage.

#### **6. Blank section for any additional or clarifying notes to be reported**

- (Question 6): Please use this section to provide any additional notes or clarifications on the information provided on this worksheet.

### **Total Costs Worksheet**

The *B. Total Costs* worksheet will capture the total costs for your organization in the reporting year selected on the *A. General* worksheet. Qualified vendor costs should be reported in separate columns for total expenses and DDD-specific expenses, and split by the descriptions below. This information will be used to identify a vendor's size compared to other program vendors.

- Total for your organization (excel column D) – this should be consistent with the total expenses reported in your organization's general ledger that is being used to fill out this survey.
- Expenses associated with providing DDD program services only (excel column E) – ARPA and non-ARPA DDD program expenses during the reporting period should be reported in the column for the applicable rows.
- Non-DDD program expenses (excel column F) – these will automatically calculate as the total organization expenses minus the DDD program expenses.

---

<sup>2</sup> DDD's "Provider Policy Manual", Chapter 26, item B.3.b., page 4.

[https://des.az.gov/sites/default/files/media/Division\\_Provider\\_Policy\\_Manual\\_Chapter\\_26\\_Cultural\\_Competency\\_092221.pdf?time=1689787878399](https://des.az.gov/sites/default/files/media/Division_Provider_Policy_Manual_Chapter_26_Cultural_Competency_092221.pdf?time=1689787878399).

### ***Employee Salaries and Wages***

Lines 1 to 11 of this worksheet should reflect the total cost for salaries and wages of staff employed through your organization. Please report total gross salaries and wages paid and accrued, including bonuses, sick time pay, and overtime pay by employee category. For purposes of this survey, the guidelines below should be followed for the entire survey to identify direct care, maintenance, administrative, and program support staff.

- *Direct Care Staff (Lines 2 to 3)* – either the employee providing the “face to face” service to a member or the supervisor of direct care staff. These lines should reflect salaries or wages for non-contracted staff.
- *Maintenance Staff (Line 4)* – employees that provide janitorial, housekeeping, repair, and other maintenance services at the DDD service location or at the administrative or program support office facility.
- *Administrative Staff (Line 5)* – responsible for the operation of your organization but are not directly providing the services. Some examples of administrative staff include general management, financial staff or accountants, legal services, information technology services, and human resources. These lines should reflect salaries or wages for non-contracted staff.
- *Program Support Staff (Line 6)* – non-billable staff who do not directly provide services to members but are resources to direct care staff. Program support staff examples include non-contracted staff responsible for training of direct care staff, involved in program development, or quality assurance. These lines should reflect salaries or wages for non-contracted staff.
- *Contracted Staff (Lines 7 to 10)* – should reflect the rates for contracted staff using the same direct care, administrative, and program support staff distinctions as are outlined above, as well as for staff specifically contracted to provide interpretive services. Contracted staff are staff that are employed through an entity that is outside of your organization but are being paid a set rate by your organization to support specific job functions.
- *Total Employee Salaries and Wages (Line 11)* – will automatically calculate as the sum of the lines above for this section only.

### ***Employee Taxes and Benefits***

Lines 12 to 17 should reflect costs incurred that were paid by your organization for employee payroll taxes, insurance, and benefits. Do not report costs which are paid and accrued by withholding a portion of the employee’s salary or wages in this section, as those costs should be reported in the Employee Salaries and Wages section earlier on this worksheet.

- *Payroll Taxes (Line 13)* – should include the employer’s portion of any costs for Federal Insurance Contributions Act (FICA) including social security and Medicare taxes, Federal Unemployment Insurance (FUI), State Unemployment Insurance (SUI), and other payroll related taxes.
- *Insurance Costs (Lines 14 to 15)* – employee related health, dental, life, and disability insurance as well as any fringe benefits should be included in these costs. Only costs associated directly with health insurance should be reported in line 14, all other insurance costs should be reported in line 15 along with notes identifying what is included in the reported expenses.

- *Other Benefits for Employees (Line 16)* – other benefit costs could include employer costs associated with worker’s compensation insurance, retirement, and any other benefits your organization offers to employees. This line should only include the employer related contributions and notes identifying what is included in the reported expenses.
- *Total Employee Taxes and Benefits (Line 17)* – will automatically calculate as the sum of the lines above for this section only.

### ***Non-Payroll Administrative and Program Support Costs***

Lines 18 to 37 should reflect costs for your organization on non-payroll costs associated with administrative and program support activities. The following costs should be entered into this section broken out based on the descriptions below:

- *Office Supplies and Equipment (Line 19)* – costs for office equipment and furniture that are not for direct care services (direct care service equipment costs should be reported in line 46). These costs should also include day-to-day items that may be needed for administrative related work such as expenses related to office supplies or postage.
- *Program Supplies (Line 20)* – costs for materials used in member care or program support services. These expenses should include food and supplies used during member services.
- *Program Activity Costs (Line 21)* – costs for the members and staff to participate in activities either within or outside of the facility.
- *Non-Payroll Taxes (Line 22)* – costs related to non-payroll taxes such as property tax or other federal taxes.
- *Licensing, Certification, or Accreditation Fees (Line 23)* – costs related to licenses, certifications, and accreditation fees.
- *Hiring And Recruiting Expenses (Line 24)* – costs related to hiring staff, including expenses related to recruiting only. Non-salary related costs associated with onboarding of new staff should not be included in this line and should instead be reported in the Line 25 staff training costs.
- *Staff Training and Development (Line 25)* – costs included in this line should reflect costs to hire a trainer, purchase training materials, or expenses to send staff to training sessions. Costs associated with the salaries of staff being trained should not be included in this line and should be included as part of the salary section above.
- *Business Related Insurance (Line 26)* – costs should include those associated with general liability insurance, directors and officer’s insurance, professional malpractice insurance, buildings, contents, and grounds insurance, and any other type of insurance that is not employee health and benefits related insurance (reported in the Employee Taxes and Benefits section) or vehicle insurance (reported in Line 45).
- *Information Technology Expenses (Line 27)* – costs should include those related to the purchasing of computers or software.
- *Advertising/Marketing (Line 28)* – costs should reflect those related to advertising and marketing in the selected reporting year.
- *Dues and Subscriptions (Line 29)* – costs should reflect any dues or subscription related expenses.
- *Non-Member Related Travel Costs (Line 30)* – non-member related travel costs should reflect only travel costs not directly associated with providing care to members or direct care vehicle reimbursements (reported on Line 43 to 45).



- *Corporate Overhead (Line 31)* – costs should reflect expenses from corporate offices outside of the vendor's principal place of business.
- *Other Administrative or Program Support Costs (Lines 32 to 36)* – please include any other costs associated with non-payroll expenses within your organization using these open rows. The cost category should include enough detail such that an individual outside of your organization would understand it.
- *Total Non-Payroll Administrative and Program Support Costs (Line 37)* – will automatically calculate as the sum of the lines above for this section only.

### ***Facility, Vehicle, and Equipment Related Expenses***

Lines 38 to 47 should reflect costs for your organization on non-payroll costs related to facility, vehicle, and equipment expenses. Do not include costs associated with facility or vehicle staff salaries or other contractor rates, as those costs should have already been reported in the Salary and Wages section earlier in this worksheet. The following costs should be entered into this section broken out based on the descriptions below:

- *Facility Costs (Line 39)* – costs for rental, mortgage, or depreciation on facilities that your organization operates. These facility costs should reflect expenses for non-residential facilities only. Residential facilities will be reported in line 50.
- *Developmental Home Provider Payments (Line 40)* – costs for payment of developmental home providers should be included in this line. This would reflect the total annual payments that were paid to homes on a daily basis.
- *Utilities and Telecommunications Expenses (Line 41)* – costs should include utilities such as disposal services, telephones, cellular phones or other communication devices, cable, internet, electrical power, gas, heating, facility water, garbage, and sewage. This can also include security costs and costs associated with fire or other hazard detectors, alarms, and sprinkler systems.
- *Building Maintenance and Repairs (Line 42)* – costs for non-payroll related maintenance or repairs to your organization's facilities. Any costs associated with substitute facilities that are required due to repairs to primary location should be included on this line.
- *Vehicle Purchasing or Lease Costs (Line 43)* – costs incurred by your organization to purchase or lease vehicles.
- *Vehicle Maintenance and Repair Costs (Line 44)* – costs your organization incurred to maintain and repair vehicles as well as any costs associated with renting substitute vehicles during repair time.
- *Other Vehicle Related Expenses (Line 45)* – costs and notes for insurance, gas, or any other related costs for vehicles owned by your organization.
- *Equipment Costs (Line 46)* – costs and notes associated with the purchase, repair, or maintenance of equipment used in direct care services by your organization.
- *Total Facility, Vehicle, and Equipment Related Expenses (Line 47)* – will automatically calculate as the sum of the lines above for this section only.



### **Non-Allowable Medicaid Expenses**

Lines 48 to 51 should reflect costs for your organization that are deemed to be non-allowable Medicaid expenses for a state to claim federal financial participation (FFP) on.

- *Non-Allowable Medicaid Expenses (Line 49)* – costs for non-covered services or items such as alcohol, bad debt, fines, charitable contributions, take home meals, and other non-allowable costs should be reported here.
- *Room and Board (Line 50)* – costs should include all member covered room and board costs where the state cannot claim FFP. For purposes of this survey, room costs should include those which are related to rental and purchase of shelter for members and any associated maintenance, utility, furnishing, or related administrative services. Board costs should reflect meal costs for the member and should reflect the costs for a full nutrition regimen.
- *Total Non-Allowable Medicaid Expenses (Line 51)* – will automatically calculate as the sum of the lines above for this section only.

*Total Costs (Line 52)* – will automatically calculate as the sum of all sections above. This total should align with total costs in your organization's financial statements that were used to populate this worksheet for the selected reporting year.

### **Blank Notes Section**

Lines 53 to 54 are left blank for your organization to provide any additional notes or clarifications on the information provided on this worksheet.

### **Wages Worksheet**

The C. *Wages* worksheet will capture the hours and wages for all direct care staff and supervisors that provide DDD program services through your organization. The hours and wages should be reported based off the staffing for the reporting year selected on the A. *General* worksheet. There is a blank notes section at the bottom of the worksheet, which can be used by your organization to provide any additional details or clarification on the staffing reported. Below are additional details on the requested information for this worksheet.

- *Job Titles* – there are some pre-populated job titles, as well as blank rows for your organization to report the other job titles of staff that are providing the direct care services for your organization. The job titles are intended to be broad and may not completely align with your organization's job titles; please use your best judgment when adding staff that fall outside of the prelisted job titles. Staff should not be listed individually; rather they should be grouped by the job title, and each job title should have its own row.
- *Employer or Contractor* – using the drop-down options provided, select whether the individuals included under each job title are employees or contractors. If one job title includes both employees and contractors, your organization should have two rows with that job title and complete one row for employees and the other for contractors.
- *Supervisor* – using the drop-down menu, indicate where the job title has supervisor duties. If one job title includes both supervisors and non-supervisors, your organization should have two total rows with that job title and complete one row for supervisors and the other for non-supervisors.
- *Total Regular Paid Hours* – input the total annual number of non-overtime hours in the reporting year that all staff in each job title were paid for by your organization. Any ARPA related funds that your organization received to increase direct care staff wages should be

included in this column; if you are unable to directly report these amounts but would like to estimate them, please report the estimated values in line 37.

- *Total Overtime Paid Hours* – input the total annual number of overtime hours in the reporting year that all staff in each job title were paid for by your organization.
- *Total Regular Paid Wages/Rates* – input the total annual non-overtime related wages paid in the reporting year that all staff in each job title were paid for by your organization.
- *Total Overtime Paid Wages/Rates* – input the total annual overtime related wages paid in the reporting year that all staff in each job title were paid for by your organization.
- *Average Hourly Wage* – this field will be automatically calculated as the sum of wages divided by the sum of hours by job title row.

### Turnover Worksheet

The *D. Turnover* worksheet seeks to capture the employee turnover your organization has faced for staffing related to providing the DDD program services. This worksheet should be populated based on staffing by your organization for the reporting year selected on the *A. General* worksheet.

For hourly non-contracted employees, the qualified vendor should consider its standard work week for purposes of determining and reporting the payroll count. For example, if a qualified vendor's standard work week is 35 hours, hourly employees working 35 hours per week or more should be considered a full-time employee and should be reported in the corresponding full-time columns. Similarly, if a qualified vendor's standard work week is 40 hours per week, hourly employees working 40 hours or more per week should be considered as full-time and be reported in the full-time columns.

Below are additional details on the requested information for this worksheet, which should be completed for both full-time and part-time employees. Totals for employee counts for employees and contractors have been included in lines 36 to 38 of this worksheet, and will automatically update based on the payroll count your organization reports.

- *Job Titles* – will be automatically updated based on your organization's job title selections on the *C. Wages* worksheet.
- *Employee or Contractor* – will be automatically updated based on your organization's job title selections on the *C. Wages* worksheet.
- *Supervisor* – will be automatically updated based on your organization's job title selections on the *C. Wages* worksheet.
- Number of Employees for full-time and part-time positions should reflect each staff member only once per input cell and should ultimately reflect the total staff count to provide DDD services
  - At the beginning of the reporting year
  - At the end of the reporting year
  - Who left the organization at any point during the reporting year
  - Count of unfilled positions at the end of the reporting year
- *Turnover Percentage* – will be automatically calculated for both full-time and part-time positions as the number of staff who left the organization at any point during the year divided by the average number of employees at the beginning and the end of the year.

- This annual turnover calculation is in line with the methodology used by the Society of Human Resource Management (SHRM)<sup>3</sup> and was standardized so comparisons could be made between organizations.

### **Benefits Worksheet**

The *E. Benefits* worksheet will capture the benefits your organization offers to all non-contracted direct care staff and supervisors employed by your organization to provide DDD program services. Information should be summarized by your organization for the reporting year selected on the *A. General* worksheet. Administrative and program support staff benefits should not be included in the responses on this worksheet.

Benefits should be reported separately for full-time and part-time staff. For hourly non-contracted employees, the qualified vendor should consider its standard work week for purposes of determining and reporting full-time and part-time information. For example, if a qualified vendor's standard work week is 35 hours, hourly employees working 35 hours per week or more should be considered a full-time employee and should be reported in the corresponding full-time column. Similarly, if a qualified vendor's standard work week is 40 hours per week, hourly employees working 40 hours or more per week should be considered as full-time and be reported in the full-time column. Below are additional details on the requested information for this worksheet, which should be completed for both full-time and part-time employees.

### ***Staffing***

Total non-contracted, direct care staffing will be summarized in Line 2, which will automatically calculate as the sum of non-contracted employees at the end of the reporting year as were listed on the *D. Turnover* worksheet.

### ***Holiday, Vacation, Sick Time, and Personal Days***

Lines 3 to 10 should reflect the paid time off that direct care staff receive from your organization.

- *Holiday Pay (Lines 4 to 6)* – using the dropdown in line 4, select whether direct care staff are eligible for holiday pay from your organization if they work holidays. Please also include the average number of holidays that are worked per direct care staff in the reporting year and any corresponding wage differences from regular pay for staff working on holidays.
- *Sick, Vacation, or Personal Days (Lines 7 to 10)* – using the dropdown in line 7, select whether paid sick, vacation, or personal time are offered to direct care staff. Please include the average number of days direct care staff were offered in the reporting year per employee for sick, vacation, or personal days in lines 8 to 10, respectively.
  - Only report paid time off hours if your organization follows a standardized policy that is applicable to the listed job titles; if you do not have a policy for paid time off, do not report paid time off (you may still report paid holiday hours).

### ***Health, Vision, and Dental Insurance***

In lines 11 to 20 your organization will report the health, vision, and dental insurance benefits that are offered to direct care staff, the number of staff that ultimately receive this benefit, and total annual cost incurred by your organization for these benefits. If some, not all, direct care staff are eligible for a listed insurance, please select “yes” in the applicable dropdown to indicate that the reported staff are eligible.

- *Health Insurance (Lines 12 to 14)*

---

<sup>3</sup> Society of Human Resource Management (SHRM) “Data Will Show You Why Your Employees Leave or Stay” [Data Will Show You Why Your Employees Leave or Stay \(shrm.org\)](https://www.shrm.org/data-will-show-you-why-your-employees-leave-or-stay)

- *Line 12* – using the yes/no dropdowns, indicate whether direct care staff are eligible for health insurance through your organization.
- *Line 13* – if “yes” is selected on line 12, report the number of direct care staff that ultimately received health insurance in the reporting year from your organization.
- *Line 14* – if “yes” is selected on line 12, report the total cost of health insurance contributions your organization made for direct care staff only. Do not include costs for administrative staff, program support staff, or employee contributions.
- *Vision Insurance (Lines 15 to 17)*
  - *Line 15* – using the yes/no dropdowns, indicate whether direct care staff are eligible for vision insurance through your organization.
  - *Line 16* – if “yes” is selected on line 15, report the number of direct care staff that ultimately received vision insurance in the reporting year from your organization.
  - *Line 17* – if “yes” is selected on line 15, report the total cost of vision insurance contributions your organization made for direct care staff only. Do not include costs for administrative staff, program support staff, or employee contributions.
- *Dental Insurance (Lines 18 to 20)*
  - *Line 18* – using the yes/no dropdowns, indicate whether direct care staff are eligible for dental insurance through your organization.
  - *Line 19* – if “yes” is selected on line 18, report the number of direct care staff that ultimately received dental insurance in the reporting year from your organization.
  - *Line 20* – if “yes” is selected on line 18, report the total cost of dental insurance contributions your organization made for direct care staff only. Do not include costs for administrative staff, program support staff, or employee contributions.

### **Retirement**

Lines 21 to 24 should reflect the retirement contributions your organization provides to direct care staff in the reporting year. Do not include contributions for administrative staff, program support staff, or contributions made by the employee.

- *Line 21* – using the yes/no dropdowns, indicate whether your organization contributes to a 401k, 403b or other retirement plans for your direct care staff.
- *Line 22* – if “yes” is selected on line 21, report the number of direct care staff that ultimately received retirement contributions from your organization in the reporting year.
- *Line 23* – if “yes” is selected on line 21, report the average annual retirement contributions made by your organization to direct care staff as a percentage of total wages.

### **Other Benefits**

Lines 25 to 29 should reflect any additional benefits your organization offers to direct care staff that were not captured in the earlier sections of this worksheet. These additional benefits should only be those paid for by your organization for direct care staff or supervisors and should not include contributions for administrative or program support staff.

- *Line 26* – using the yes/no dropdowns, indicate whether your organization offers any additional benefits to direct care staff.
- *Line 27* – if “yes” is selected on line 26, please type in notes describing the additional benefits in the green input cell.

- *Line 28* – if “yes” is selected on line 26, report the number of direct care staff that ultimately received this additional benefit from your organization in the reporting year.
- *Line 29* – if “yes” is selected on line 26, report the total cost to your organization of providing this additional benefit to direct care staff in the reporting year.

### ***Unemployment Insurance and Worker’s Compensation***

Lines 30 to 33 should outline how your organization has chosen to pay for unemployment insurance and worker’s compensation for direct care staff in the reporting period.

- *Line 31* – using the dropdowns, please select how your organization has chosen to pay for unemployment insurance in the reporting period.
  - “As a percent of wages” represents if your organization has chosen to make quarterly payments to ADES for state unemployment insurance taxes based on an employer’s specific tax rate, which varies according to each employer’s “experience account” (the ratio of taxes paid to benefits claimed by former employees). This tax gets applied to the first \$7,000 in wages paid to each employee.
  - “Payments in lieu of contributions” represents if your organization elects to pay the actual cost of the benefits paid to former employees rather than making payments based on a computed tax rate.
- *Line 32* – Federal unemployment insurance taxes or costs should not be reported in this line.
  - If on line 31 your organization selected “As a percent of wages” please report the state unemployment tax rate your organization paid in the reporting year as a percentage.
  - If on line 31 your organization selected “Payments in lieu of contributions”, please report the total state unemployment insurance costs your organization paid in the reporting year.
- *Line 33* – report your organization’s worker’s compensation costs for direct care staff for each \$100 in wages paid for the DDD program. If your organization has multiple policies, please provide a weighted average of the policies associated with the direct care staff for the DDD programs.

### ***Blank Notes Section***

- *Lines 34 to 35* – please provide any additional notes or clarifications on the information provided on this worksheet in this section.

### **Service Geography Worksheet**

The purpose of the *F. Svc Geography* worksheet is to illustrate the geography of where the DDD services are being provided to members in the DDD program. Please allocate the DDD program experience by consolidated service category provided by your organization. This allocation should be reported as a percentage of units delivered in each of the applicable counties on this worksheet for the reporting year. Note that the unit definition of the services within the same rolled-up category may vary depending on the service. **For telehealth services where a county cannot be identified, those service units should be excluded from consideration on this worksheet.**

The shading on these columns will update based on the services selected from the *Table of Contents* worksheet, and only the green highlighted cells need to be populated. The sheet will automatically sum the percentages reported in each services category in Line 19, which should equal 100% once

completed. If your organization does not provide services within specific categories, those columns can remain blank. There is a check in line 20 to ensure all total percentages by service sum to either 100% or were left blank, if a “No” appears in this row, please review, and revise your inputs so that the total sums to 100%. Appendix A reflects a map of the county boundaries for the DDD program.

### Service Specific Worksheets

The remainder of the worksheets are intended to capture more detailed information on the DDD services your organization provides. **Only the worksheets indicated “Yes” in column I of the *Table of Contents* worksheet need to be completed.** This column will automatically update based on the services your organization selected in column F of the same *Table of Contents* worksheet. Questions on each worksheet may vary to better suit the services for which information is being requested.

Each of these worksheets includes separate columns for staff delivering direct care services with setting, qualification, and/or geographic breakouts as applicable by service. Information should be summarized by your organization for the reporting year selected on the *A. General* worksheet. Appendices B through D include exhibits on how to distinguish between rural/urban, tier, and area breakouts on the service worksheets.

### **Staffing Ratio and Service Design**

- Case load and service design are split into their own sections on the day treatment and training, and group and center-based employment worksheets and are not requested on the developmental home and group home worksheets.
- *Number of annual DDD program members receiving services from your organization* – please report the unduplicated count of members receiving services in the reporting year for all worksheets except *Transportation*, where an average daily count is requested. A member can be reported in more than one input cell if they used more than one type of service in a year, but should be counted only once per input cell.
- *Average number of members/sessions/groups seen per week per direct care staff* – please report as a per week, per employee metric so it reflects an employee’s average weekly number of services.
- *Average group size, only if service is offered in groups* – please report as a per appointment group size. If services are not offered in groups, this cell can be left blank.
- *Average visit/session length in hours* – please report the average time per appointment.
- *Day Treatment and Training services specific as well as Group and Center-Based Employment services specific questions:*
  - *Total days per year sites are open and providing services* – please report as an annual count of days averaged across all sites your organization operates (should be a value less than 365).
  - *Average hours per day the site is open to provide services* – please report as the average daily hours open per site.
  - *Average days per year DDD program members attend the program* – please report as a per member average of the annual count of days averaged across all sites your organization operates (should be a value less than 365).
  - *Average hours per day DDD program members attends the program* – please report the average daily hours per member.
  - *Average daily proportion of DDD program members who attend the site for a full day* – please report as an average percentage across the DDD members and all



sites your organization operates. A full day for this question would be considered a day when a member attends the services for 5 hours or more.

- *Annual cost of supplies to perform services* – please report annual cost of supplies used to provide services and in the green input cell below, list out the supplies included in the expense.
- *Annual meal and snack costs* – please report the total annual cost of providing meals and snacks to members by your organization. This is requested for the day treatment and training worksheet only.
- *Average number of daily meals and/or snacks provided to a DDD program member* – please report average daily meals and/or snacks per member that are provided across your sites. This is requested for the day treatment and training worksheet only.
- *Annual cost of activity fees for staff and DDD program members* – please report annual cost for your organization to provide or take members to activities and in the green input cell below, report the activities that comprise these expenses. This is requested for the day treatment and training worksheet only.
- *Transportation specific questions:*
  - *Average number of one-way routes completed per vehicle per day* – please report as the average daily number of one-way routes per vehicle.
  - *Average hours to complete a one-way route* – please report as the average hours per one-way route per vehicle.
  - *Average number of members transported in a one-way route per vehicle per trip* – please report as the average count of members transported per one-way route per vehicle.

### **Equipment & Supplies**

- *Annual cost of equipment & supplies to perform services* – please report annual cost of equipment and supplies used to provide services and in the green input cell below, list out the equipment and/or supplies included in the expense. This information is collected in the Service Design section on the day treatment and training, and group and center-based employment worksheets and is not collected on the individual employment and transportation worksheets.

### **Staffing Pattern**

This section should reflect the average hours a direct care staff member for this service works in a typical week. The goal of this staffing pattern section is to understand the typical distribution of time an employee for the DDD program spends on providing services to DDD members (direct care time) versus all other time (indirect time). The pre-populated tables separate the staff tasks and vary by the service specific worksheet, but the overall goal of the table remains consistent across worksheets. Below are details on the requested staffing patterns and notes on differences across worksheets.

- *Total average hours worked in a week* – please report the total billable and non-billable time that is expected by the organization for a direct care staff member to work in a week. This value can vary by service as applicable.
- *Providing services* – this value is automatically calculated as the average members/sessions per week per employee multiplied by the average visit/session length in hours for all service worksheets except the day treatment and training, group and center-based employment, developmental home, and group home worksheets where this is a



value input row. This row should ultimately reflect the time spent providing direct care to the member.

- *Participating in Person-Centered Service Plan (PCSP) meetings* – please report as the average weekly hours this task takes for a direct care staff. This information is not requested on the transportation worksheet.
- *Completing or participating in assessments for which a member is not present* – please report as the average weekly hours this task takes for a direct care staff. This information is not requested on the therapy and transportation worksheets.
- *Consultation with doctors, caregivers, teachers, and other service providers* – time reported in the line should only include consultation hours where the member is not present. Any consultation hours with other individuals while the member is present should be included in the “Providing Services” line. This line is only applicable to the therapy, home health, and nursing worksheets.
- *Travel between DDD program members* – please report the average weekly hours this task takes for a direct care staff. This information is not requested on the day treatment and training, group and center-based employment, group home, and transportation worksheets.
- *Missed appointments* – please report the average weekly hours a direct care staff member loses due to missed appointment from a member. Do not include time that is redirected to another activity. For example, if a member misses a four-hour appointment, it is unlikely that all the four hours are “lost” as the staff can use the time to catch up on paperwork or other tasks. This information is not requested on the day treatment and training, group and center-based employment, group home, and transportation worksheets.
- *Recordkeeping* – please do not report time on this line that is spent on documentation that occurs while the member is present as that should already be captured in the “providing services” line. Further, please do not report time on this line that is spent performing formal assessments as that should also be captured in earlier lines. This information is not requested on the transportation worksheet.
- *Employer time* – please do not report time spent performing direct care duties on this line. Employer time should include time spent on activities such as staff meetings, filing employer required paperwork (not service delivery related), and receiving counseling from a supervisor. Further, do not include time spent on training programs within this line.
- *Program preparation/set-up/clean-up* – for this line, please only report time spent on preparation activities where the member is not present. Any preparation hours while the member is present should be included in the “Providing Services” line. This information is only requested on the therapy, day treatment and training, and group and center-based employment worksheets.
- *Transporting member to/from residence or activity* – please report as the average weekly hours this task takes for a direct care staff. This line should include time direct care staff spends transporting the member to or from their residence, for errands, or any other activities. This information is only requested on the day treatment and training, group and center-based employment, and group home worksheets.
- *Program development* – for this line, please only report time spent on program development activities where the member is not present. Any program development hours while the member is present should be included in the “Providing Services” line. This information is only requested on the day treatment and training, and group and center-based employment worksheets.

- *Job development* – for this line, please only report time spent on job development activities where the member is not present. Any job development hours while the member is present should be included in the “Providing Services” line. This information is only requested on the Individual employment worksheet.
- *Training other staff to serve as backup direct care support at worksite* – for this line, please only report time spent on other staff training where the member is not present. Any other staff training hours while the member is present should be included in the “Providing Services” line. This information is only requested on the group and center-based employment worksheet.
- *Completing worksite tasks due to absence of individuals* – for this line, please only report time spent on completing worksite tasks where the member is not present. Any worksite task hours while the member is present should be included in the “Providing Services” line. This information is only requested on the group and center-based employment worksheet.
- *Direct monitoring of developmental home* – please report as the average weekly hours this task takes for a licensing worker. This information is only requested on the developmental home worksheet.
- *Recruitment of new developmental home vendors*– please report as the average weekly hours this task takes for a licensing worker. This information is only requested on the developmental home worksheet.
- *Activities related to licensing a new or current developmental home* – please report as the average weekly hours this task takes for a licensing worker. This information is only requested on the developmental home worksheet.
- *Training related activities* – please report as the average weekly hours this task takes for a direct care staff. This information is only requested on the developmental home worksheet.
- *Member placement into a developmental home* – please report as the average weekly hours this task takes for a licensing worker. This information is only requested on the developmental home worksheet.
- *Providing other direct care* – this row should reflect the average weekly hours direct care staff whose primary role is to transport DDD program members spends on other service related task besides driving the vehicle, such as, support getting in and out of vehicle. This information is only requested on the transportation worksheet.
- *Other activities blank rows* – if there are other major activities that are part of the direct care staff member’s typical week but are not listed elsewhere on this survey, please use these blank rows to report the activity name and associated average weekly hours.
- *Time allocation check* – the final row checks to ensure that the total weekly hours reported earlier in this section equal the sum of the individual line activity weekly hours. If “No” appears on this line, please review and revise the hours reported.

### ***Weekly Miles Driven by Direct Care Staff***

- *Weekly miles to travel between DDD member sessions* – please report as the average weekly miles for one direct care staff.
- *Weekly miles to transport DDD program members* – please report as the average weekly miles for one direct care staff.
- This information is collected on all worksheets except the day treatment and training, group and center-based employment, group home, and transportation worksheets.

### **Staff Training Hours – Annual Hours for Direct Care Staff**

- *Average annual training hours received by staff in their first year of employment* – please report the expected annual training hours for one direct care staff.
- *Average annual training hours received by staff after their first year of employment* – please report the expected annual training hours for one direct care staff.
- *Average annual training hours received by staff at member work site when member is not present* – please report the expected annual training hours for one direct care staff. This information is only requested on the individual employment, and group and center-based employment worksheets.

### **Supervision of Direct Care Staff**

- *What is the average number of direct care staff supervised by 1 supervisor* – please report as a whole number to the extent that it is possible.
- *What is the average number of hours per week of supervision provided to direct care staff* – please report the expected weekly supervision hours for one supervisor of direct care staff.
- Blank lines have been included in the supervision section of the service specific worksheets to report other hours not associated with providing supervision that your organization expects of staff in this role.
- This information is collected on all worksheets except the developmental home, group home, and transportation worksheets.

### **Developmental Home Specific Sections**

- *Provider Characteristics*
  - *Number of developmental home providers with your organization* – please report the number of sub-contracted providers in the reporting year.
  - *Number of members receiving developmental services within your organization* – please report an unduplicated count of members in the reporting year who received services at one of your organization's developmental home providers. A member can be reported in more than one input cell if they used more than one type of service in a year, but should be counted only once per input cell.
  - *Number of vacancies in currently licensed developmental homes* – please report the total annual vacancies for development homes within your organization.
  - *Average daily hours a DDD program member spends outside of home and out of the care of vendor* – please report as the average daily hours per member.
  - *Average days per month members received developmental home services* – please report as an average per month per member.
  - *Average daily payment to developmental home provider* – please report as the average daily payment across all developmental home sites your organization operates.
- *Recruit, license, place, and train a developmental home provider*
  - *Average annual staff hours to recruit, train, and license a developmental home provider prior to DDD program member placement* – please report the average annual hours that your organization's staff spends per provider to prepare a developmental home to provide services prior to a member receiving services.

Please also list any other costs and a corresponding description in the blank rows within this section.

- *Number of sub-contracted developmental home providers that received initial licensure in the reporting year* – please report this as an annual figure.
- *Ongoing training, monitoring, and supports for developmental home vendor*
  - *Average number of developmental home vendors your organization's professional staff oversee* – please report the number of home providers in the reporting year.
  - *Average annual number of monitoring visits per developmental home provider* – please report the average count of visits per home.
  - *Average hourly length of monitoring visits* – please report the average length of time in hours per monitoring visit per direct care staff member.
  - *Average miles traveled for monitoring visits per visit* – please report the average miles traveled per monitoring visit per direct care staff member.
  - *Weekly miles to transport DDD program members* – please report as the average weekly miles for one direct care staff.
  - *Average number of annual on-going training hours delivered to developmental home providers* – please report the average annual training hours provided per developmental home.
  - *% of training hours that are provided as a group of developmental home providers* – please provide the proportion of the developmental home trainings delivered as a group rather than individual training.
  - *If applicable, average number of DDD program members per group training session* – if any developmental home training provided in a group, please provide the average length in hours the developmental home training lasts.
  - *Estimated average daily habilitation hours per member* – using the provided dropdowns, please select the hours of habilitation services that are provided in a developmental home per day. The dropdowns reflect a whole number hour increment of time. If the estimated daily habilitation hours most reflective of what a developmental home provides is not a whole number, please round up to the nearest hour.

### **Group Home Specific Sections**

- *Home Characteristics*
  - *Number of group home residences operated by your organization* – please report the number of homes operated by your organization in the reporting year.
  - *Number of group home coordinators employed by your organization* – please report as an unduplicated count of coordinators employed by your organization.
  - *Average number of homes a coordinator is responsible for* – please report as an average count of homes per coordinator.
  - *Percent of members in your organization's group home receiving SNAP benefits* – please report as an average percentage of group home residents who were receiving Supplemental Nutrition Assistance Program (SNAP) or food stamps per group home.

- *Average absence days per consumer per month* – please report the average number of days per month a member was absent from the group home for a full day (24 hours) due to hospitalization, vacation, or other applicable reasons.
- *Average annual zero occupancy days per home* – please report the average number of days per home in a year which had vacant rooms.
- *Activities outside of home*
  - *Percentage of DDD program members participating in activities outside of the group home* – please report an approximate average annual % of residents who participated in activities outside of the group home.
  - *Average number of days per week a member attends activities outside the group home* – please report as a per member per week average count of days.
  - *Average number of hours per day a member attends activities outside the group home* – please report as a per member per day average count of hours.
  - *Average weekly miles for direct care staff to transport members to/from activities* – please report the average weekly mileage one direct care staff member drives to bring members to programs and activities.
  - *Average weekly miles for direct care staff to transport members for other reasons* – please report the average weekly mileage one direct care staff member drives to transport members for purposes other than attending programs or activities.
- *Nursing supported group home details per home*
  - For this section, we are seeking to understand the average daily hours your organization's nursing support group home is staffed per home by direct support professionals, registered nurses (RNs), licensed practical nurses (LPNs), or certified nursing assistants (CNAs).

### **Transportation Specific Sections**

- *Vehicles*
  - *Number of vehicles owned/leased by your organization to transport DDD program members* – please report the total number of vehicles your organization owns or leases that are used to transport DDD program members.
  - *Number of vehicles owned/leased by your organization with lifts to transport DDD program members* – please report the total number of vehicles your organization owns or leases that have lifts and are used to transport DDD program members. This count of vehicles with lifts should not exceed the total number of vehicles in the first row of this section.
  - *Average daily number of staff per vehicle* – please report the total number of staff that are needed on average in each vehicle per day to transport DDD program members. This should be reported as a “1” if only a driver is needed and a number greater than “1” if aides or other staff are also employed to help with transportation.
  - *Average annual miles traveled per vehicle for transportation of DDD program members* – please report the total annual miles per vehicle used to transport DDD program members.

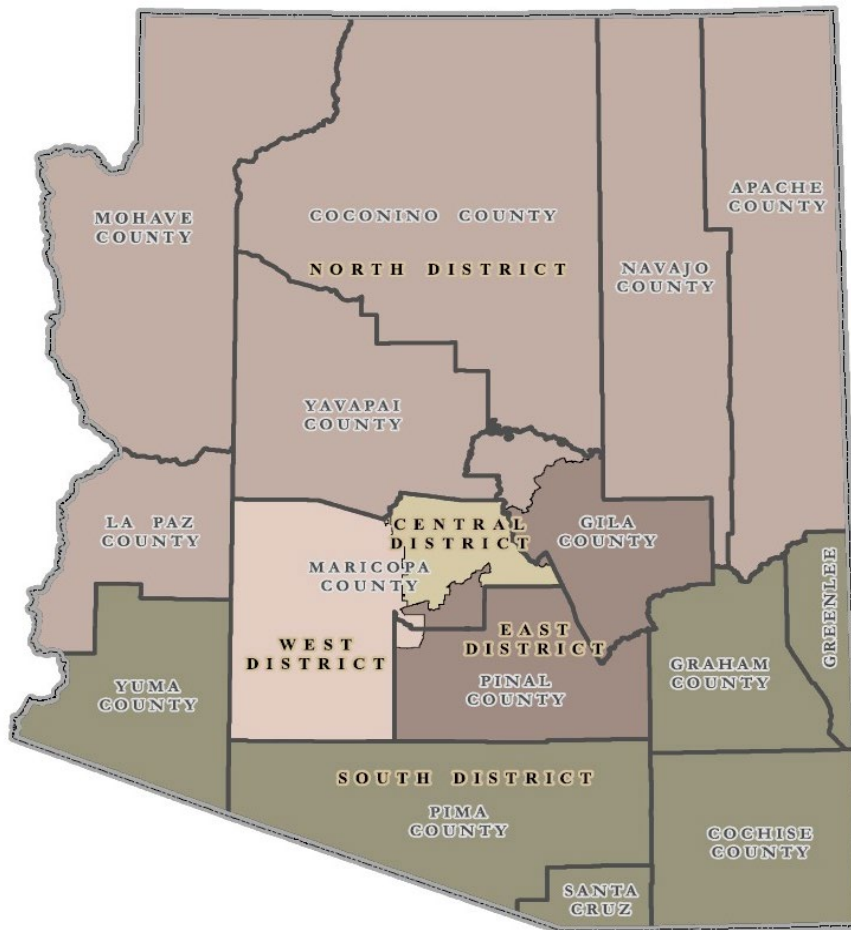
- *Average age of vehicles owned or leased by your organization in the reporting year* – please report the average age (in years) of the vehicles owned by your organization.
- *Average passenger capacity of vehicles owned or leased by your organization* – please report the average number of people that can fit in the average sized vehicle owned or leased by your organization.
- *Average purchase price of vehicles owned or leased by your organization* – please report the average price across all vehicles (fleet) your organization owns. This value should reflect expenses from your reporting period and should not be adjusted for inflation.

### **Service Specific Site Detail Worksheets**

Please use these worksheets to report either site specific or averaged details across similar sites for facilities operated by your organization for the DDD program's day treatment and training, group and center-based employment, developmental home, and group home services. Information should be summarized by your organization for the reporting year selected on the *A. General* worksheet. Each row on these worksheets should be specific to each site or as the average of sites. If your organization is reporting site details based on averages across similar sites, please enter the number of sites included in the row, and report averages (as opposed to summing totals across sites).

- *Location* – please provide site name and location specific details. Please also report the number of sites that are being reported on each line.
- *Facilities* – for day treatment and training and center-based employment sites, please provide the known square footage and operating cost per square foot based on information known during the report year.
  - For developmental home and group home sites, please also provide details on count of members residing at the home and number of rooms.
  - This information is not needed for group employment sites.
- *Vehicles* – please provide the information on the vehicles owned or leased by your organization for each applicable site. If vehicles are shared across sites, please only include vehicle costs under one of the site reporting columns.
  - This information is not needed for center-based employment, developmental home, or group home sites.
- *Average Daily Attendance and Staffing* – please provide average daily staffing and attendance by site based on DDD program experience in the reporting year.
  - This information is not needed for developmental home or group home sites.
- *Costs* – for developmental home and group homes, please provide average monthly payments for rent and corresponding monthly costs associated with food, household consumables, utilities/telephone, maintenance, or other applicable costs. For developmental homes only, please also report on the daily payment that is made to developmental home providers by site.

Appendix A: DDD Program County Map





**Appendix B: Urban and Rural Identification by County (for all services except nursing and therapy)**

County	Urban/Rural
Apache	Rural
Cochise	Rural
Coconino	Rural
Gila	Rural
Graham	Rural
Greenlee	Rural
La Paz	Rural
Maricopa	Urban
Mojave	Rural
Navajo	Rural
Pima	Urban
Pinal	Rural
Santa Cruz	Rural
Yavapai	Rural
Yuma	Rural

**Appendix C: DDD Tier by Zip code (for therapy services only))**

ZIP	City	St	County	Tier
85001	Phoenix	AZ	Maricopa	Base Rate
85002	Phoenix	AZ	Maricopa	Base Rate
85003	Phoenix	AZ	Maricopa	Base Rate
85004	Phoenix	AZ	Maricopa	Base Rate
85005	Phoenix	AZ	Maricopa	Base Rate
85006	Phoenix	AZ	Maricopa	Base Rate
85007	Phoenix	AZ	Maricopa	Base Rate
85008	Phoenix	AZ	Maricopa	Base Rate
85009	Phoenix	AZ	Maricopa	Base Rate
85012	Phoenix	AZ	Maricopa	Base Rate
85013	Phoenix	AZ	Maricopa	Base Rate
85014	Phoenix	AZ	Maricopa	Base Rate
85015	Phoenix	AZ	Maricopa	Base Rate
85016	Phoenix	AZ	Maricopa	Base Rate
85017	Phoenix	AZ	Maricopa	Base Rate
85018	Phoenix	AZ	Maricopa	Base Rate
85019	Phoenix	AZ	Maricopa	Base Rate
85020	Phoenix	AZ	Maricopa	Base Rate
85021	Phoenix	AZ	Maricopa	Base Rate
85022	Phoenix	AZ	Maricopa	Base Rate
85023	Phoenix	AZ	Maricopa	Base Rate
85024	Phoenix	AZ	Maricopa	Base Rate
85027	Phoenix	AZ	Maricopa	Base Rate
85028	Phoenix	AZ	Maricopa	Base Rate
85029	Phoenix	AZ	Maricopa	Base Rate
85031	Phoenix	AZ	Maricopa	Base Rate
85032	Phoenix	AZ	Maricopa	Base Rate

ZIP	City	St	County	Tier
85033	Phoenix	AZ	Maricopa	Base Rate
85034	Phoenix	AZ	Maricopa	Base Rate
85035	Phoenix	AZ	Maricopa	Base Rate
85036	Phoenix	AZ	Maricopa	Base Rate
85037	Phoenix	AZ	Maricopa	Base Rate
85039	Phoenix	AZ	Maricopa	Base Rate
85040	Phoenix	AZ	Maricopa	Base Rate
85041	Phoenix	AZ	Maricopa	Base Rate
85042	Phoenix	AZ	Maricopa	Base Rate
85043	Phoenix	AZ	Maricopa	Base Rate
85044	Phoenix	AZ	Maricopa	Base Rate
85045	Phoenix	AZ	Maricopa	Base Rate
85048	Phoenix	AZ	Maricopa	Base Rate
85050	Phoenix	AZ	Maricopa	Base Rate
85051	Phoenix	AZ	Maricopa	Base Rate
85053	Phoenix	AZ	Maricopa	Base Rate
85054	Phoenix	AZ	Maricopa	Base Rate
85063	Phoenix	AZ	Maricopa	Base Rate
85064	Phoenix	AZ	Maricopa	Base Rate
85066	Phoenix	AZ	Maricopa	Base Rate
85068	Phoenix	AZ	Maricopa	Base Rate
85069	Phoenix	AZ	Maricopa	Base Rate
85071	Phoenix	AZ	Maricopa	Base Rate
85072	Phoenix	AZ	Maricopa	Base Rate
85074	Phoenix	AZ	Maricopa	Base Rate
85063	Phoenix	AZ	Maricopa	Base Rate
85075	Phoenix	AZ	Maricopa	Base Rate
85076	Phoenix	AZ	Maricopa	Base Rate

ZIP	City	St	County	Tier
85083	Phoenix	AZ	Maricopa	Base Rate
85085	Phoenix	AZ	Maricopa	Base Rate
85086	Phoenix	AZ	Maricopa	Base Rate
85087	New River	AZ	Maricopa	Tier 1
85117	Apache Junction	AZ	Pinal	Tier 1
85118	Apache Junction	AZ	Pinal	Tier 1
85119	Apache Junction	AZ	Pinal	Tier 1
85120	Apache Junction	AZ	Pinal	Tier 1
85121	Bapchule	AZ	Pinal	Tier 2
85122	Casa Grande	AZ	Pinal	Tier 2
85123	Arizona City	AZ	Pinal	Tier 2
85128	Coolidge	AZ	Pinal	Tier 2
85130	Casa Grande	AZ	Pinal	Tier 2
85131	Eloy	AZ	Pinal	Tier 2
85132	Florence	AZ	Pinal	Tier 2
85135	Hayden	AZ	Pinal	Tier 2
85137	Kearny	AZ	Pinal	Tier 2
85138	Maricopa	AZ	Pinal	Tier 2
85139	Maricopa	AZ	Pinal	Tier 2
85140	Queen Creek	AZ	Maricopa	Tier 1
85141	Picacho	AZ	Pinal	Tier 2
85142	Queen Creek	AZ	Maricopa	Tier 1
85143	Queen Creek	AZ	Maricopa	Tier 1
85145	Red Rock	AZ	Pinal	Tier 2
85147	Sacaton	AZ	Pinal	Tier 2
85172	Stanfield	AZ	Pinal	Tier 2
85173	Superior	AZ	Pinal	Tier 3
85179	Florence	AZ	Pinal	Tier 2

ZIP	City	St	County	Tier
85191	Valley Farms	AZ	Pinal	Tier 2
85192	Winkelman	AZ	Gila	Tier 3
85201	Mesa	AZ	Maricopa	Base Rate
85202	Mesa	AZ	Maricopa	Base Rate
85203	Mesa	AZ	Maricopa	Base Rate
85204	Mesa	AZ	Maricopa	Base Rate
85205	Mesa	AZ	Maricopa	Base Rate
85206	Mesa	AZ	Maricopa	Base Rate
85207	Mesa	AZ	Maricopa	Base Rate
85208	Mesa	AZ	Maricopa	Base Rate
85209	Mesa	AZ	Maricopa	Base Rate
85210	Mesa	AZ	Maricopa	Base Rate
85211	Mesa	AZ	Maricopa	Base Rate
85212	Mesa	AZ	Maricopa	Base Rate
85213	Mesa	AZ	Maricopa	Base Rate
85214	Mesa	AZ	Maricopa	Base Rate
85215	Mesa	AZ	Maricopa	Tier 1
85216	Mesa	AZ	Maricopa	Base Rate
85224	Chandler	AZ	Maricopa	Base Rate
85225	Chandler	AZ	Maricopa	Base Rate
85226	Chandler	AZ	Maricopa	Base Rate
85227	Chandler Heights	AZ	Maricopa	Base Rate
85233	Gilbert	AZ	Maricopa	Base Rate
85234	Gilbert	AZ	Maricopa	Base Rate
85236	Higley	AZ	Maricopa	Base Rate
85244	Chandler	AZ	Maricopa	Base Rate
85246	Chandler	AZ	Maricopa	Base Rate
85248	Chandler	AZ	Maricopa	Base Rate

ZIP	City	St	County	Tier
85249	Chandler	AZ	Maricopa	Base Rate
85250	Scottsdale	AZ	Maricopa	Base Rate
85251	Scottsdale	AZ	Maricopa	Base Rate
85253	Paradise Valley	AZ	Maricopa	Base Rate
85254	Scottsdale	AZ	Maricopa	Base Rate
85255	Scottsdale	AZ	Maricopa	Base Rate
85256	Scottsdale	AZ	Maricopa	Base Rate
85257	Scottsdale	AZ	Maricopa	Base Rate
85258	Scottsdale	AZ	Maricopa	Base Rate
85259	Scottsdale	AZ	Maricopa	Base Rate
85260	Scottsdale	AZ	Maricopa	Base Rate
85262	Scottsdale	AZ	Maricopa	Base Rate
85263	Rio Verde	AZ	Maricopa	Base Rate
85264	Fort McDowell	AZ	Maricopa	Base Rate
85266	Scottsdale	AZ	Maricopa	Base Rate
85267	Scottsdale	AZ	Maricopa	Base Rate
85268	Fountain Hills	AZ	Maricopa	Base Rate
85269	Fountain Hills	AZ	Maricopa	Base Rate
85271	Scottsdale	AZ	Maricopa	Base Rate
85277	Mesa	AZ	Maricopa	Base Rate
85278	Apache Junction	AZ	Maricopa	Tier 1
85280	Tempe	AZ	Maricopa	Base Rate
85281	Tempe	AZ	Maricopa	Base Rate
85282	Tempe	AZ	Maricopa	Base Rate
85283	Tempe	AZ	Maricopa	Base Rate
85284	Tempe	AZ	Maricopa	Base Rate
85285	Tempe	AZ	Maricopa	Base Rate
85286	Chandler	AZ	Maricopa	Base Rate

ZIP	City	St	County	Tier
85295	Gilbert	AZ	Maricopa	Base Rate
85296	Gilbert	AZ	Maricopa	Base Rate
85297	Gilbert	AZ	Maricopa	Base Rate
85298	Gilbert	AZ	Maricopa	Base Rate
85299	Gilbert	AZ	Maricopa	Base Rate
85301	Glendale	AZ	Maricopa	Base Rate
85302	Glendale	AZ	Maricopa	Base Rate
85303	Glendale	AZ	Maricopa	Base Rate
85304	Glendale	AZ	Maricopa	Base Rate
85305	Glendale	AZ	Maricopa	Base Rate
85306	Glendale	AZ	Maricopa	Base Rate
85307	Glendale	AZ	Maricopa	Base Rate
85308	Glendale	AZ	Maricopa	Base Rate
85309	Luke AFB	AZ	Maricopa	Base Rate
85310	Glendale	AZ	Maricopa	Base Rate
85311	Glendale	AZ	Maricopa	Base Rate
85312	Glendale	AZ	Maricopa	Base Rate
85318	Glendale	AZ	Maricopa	Base Rate
85320	Aguila	AZ	Maricopa	Tier 2
85321	Ajo	AZ	Pima	Tier 3
85322	Arlington	AZ	Maricopa	Tier 1
85323	Avondale	AZ	Maricopa	Base Rate
85324	Black Canyon City	AZ	Yavapai	Tier 2
85325	Bouse	AZ	La Paz	Tier 2
85326	Buckeye	AZ	Maricopa	Tier 1
85327	Cave Creek	AZ	Maricopa	Base Rate
85328	Cibola	AZ	La Paz	Tier 2
85329	Cashion	AZ	Maricopa	Base Rate



ZIP	City	St	County	Tier
85331	Cave Creek	AZ	Maricopa	Base Rate
85332	Congress	AZ	Yavapai	Tier 2
85333	Dateland	AZ	Yuma	Tier 3
85335	El Mirage	AZ	Maricopa	Base Rate
85336	Gadsden	AZ	Yuma	Tier 2
85337	Gila Bend	AZ	Maricopa	Tier 1
85338	Goodyear	AZ	Maricopa	Base Rate
85339	Laveen	AZ	Maricopa	Base Rate
85340	Litchfield Park	AZ	Maricopa	Base Rate
85341	Lukeville	AZ	Pima	Base Rate
85342	Morristown	AZ	Maricopa	Tier 2
85343	Palo Verde	AZ	Maricopa	Tier 1
85344	Parker	AZ	La Paz	Tier 3
85345	Peoria	AZ	Maricopa	Base Rate
85346	Quartzite	AZ	La Paz	Tier 3
85347	Roll	AZ	Yuma	Tier 2
85348	Salome	AZ	La Paz	Tier 2
85349	San Luis	AZ	Yuma	Tier 3
85350	Somerton	AZ	Yuma	Tier 3
85351	Sun City	AZ	Maricopa	Base Rate
85352	Tacna	AZ	Yuma	Tier 3
85353	Tolleson	AZ	Maricopa	Base Rate
85354	Tonopah	AZ	Maricopa	Tier 2
85355	Waddell	AZ	Maricopa	Base Rate
85356	Wellton	AZ	Yuma	Tier 3
85357	Tenden	AZ	La Paz	Tier 2
85358	Wickenburg	AZ	Maricopa	Tier 1
85359	Quartzite	AZ	La Paz	Tier 3

ZIP	City	St	County	Tier
85360	Wikieup	AZ	Mohave	Tier 3
85361	Wittmann	AZ	Maricopa	Tier 1
85362	Yarnell	AZ	Yavapai	Tier 3
85363	Youngtown	AZ	Maricopa	Base Rate
85364	Yuma	AZ	Yuma	Tier 3
85365	Yuma	AZ	Yuma	Tier 3
85366	Yuma	AZ	Yuma	Tier 3
85367	Yuma	AZ	Yuma	Tier 3
85371	Poston	AZ	La Paz	Tier 3
85373	Sun City	AZ	Maricopa	Base Rate
85374	Surprise	AZ	Maricopa	Base Rate
85375	Sun City West	AZ	Maricopa	Base Rate
85376	Sun City West	AZ	Maricopa	Base Rate
85377	Carefree	AZ	Maricopa	Base Rate
85379	Surprise	AZ	Maricopa	Base Rate
85380	Peoria	AZ	Maricopa	Base Rate
85381	Peoria	AZ	Maricopa	Base Rate
85382	Peoria	AZ	Maricopa	Base Rate
85383	Peoria	AZ	Maricopa	Base Rate
85385	Peoria	AZ	Maricopa	Base Rate
85387	Surprise	AZ	Maricopa	Base Rate
85388	Surprise	AZ	Maricopa	Base Rate
85390	Wickenburg	AZ	Maricopa	Tier 1
85392	Avondale	AZ	Maricopa	Base Rate
85395	Goodyear	AZ	Maricopa	Base Rate
85396	Buckeye	AZ	Maricopa	Tier 1
85501	Globe	AZ	Gila	Tier 3
85502	Globe	AZ	Gila	Tier 3

ZIP	City	St	County	Tier
85530	Bylas	AZ	Graham	Tier 3
85531	Central	AZ	Graham	Tier 3
85532	Claypool	AZ	Gila	Tier 3
85533	Clifton	AZ	Greenlee	Tier 3
85534	Duncan	AZ	Greenlee	Tier 3
85535	Eden	AZ	Graham	Tier 3
85536	Fort Thomas	AZ	Graham	Tier 3
85539	Miami	AZ	Gila	Tier 3
85540	Morenci	AZ	Greenlee	Tier 3
85541	Payson	AZ	Gila	Tier 2
85542	Peridot	AZ	Gila	Tier 3
85543	Pima	AZ	Graham	Tier 3
85544	Pine	AZ	Gila	Tier 2
85545	Roosevelt	AZ	Gila	Tier 3
85546	Safford	AZ	Graham	Tier 3
85547	Payson	AZ	Gila	Tier 2
85548	Safford	AZ	Graham	Tier 3
85550	San Carlos	AZ	Gila	Tier 3
85551	Solomon	AZ	Graham	Tier 3
85552	Thatcher	AZ	Graham	Tier 3
85553	Tonto Basin	AZ	Gila	Tier 2
85601	Arivaca	AZ	Pima	Tier 2
85602	Benson	AZ	Cochise	Tier 2
85603	Bisbee	AZ	Cochise	Tier 3
85605	Bowie	AZ	Cochise	Tier 2
85606	Cochise	AZ	Cochise	Tier 2
85607	Douglas	AZ	Cochise	Tier 3
85608	Douglas	AZ	Cochise	Tier 3

ZIP	City	St	County	Tier
85610	Elfrida	AZ	Cochise	Tier 3
85611	Elgin	AZ	Santa Cruz	Tier 2
85613	Fort Huachuca	AZ	Cochise	Base Rate
85614	Green Valley	AZ	Pima	Tier 2
85615	Hereford	AZ	Cochise	Tier 3
85616	Huachuca City	AZ	Cochise	Tier 2
85617	McNeal	AZ	Cochise	Tier 3
85618	Mammoth	AZ	Pinal	Tier 3
85619	Mount Lemmon	AZ	Pima	Base Rate
85620	Naco	AZ	Cochise	Tier 2
85621	Nogales	AZ	Santa Cruz	Tier 2
85622	Green Valley	AZ	Pima	Base Rate
85623	Oracle	AZ	Pinal	Tier 3
85624	Patagonia	AZ	Santa Cruz	Tier 2
85625	Pearce	AZ	Cochise	Tier 2
85626	Pirtleville	AZ	Cochise	Tier 2
85627	Pomerene	AZ	Cochise	Tier 2
85628	Nogales	AZ	Santa Cruz	Tier 2
85629	Sahuarita	AZ	Pima	Base Rate
85630	Saint David	AZ	Cochise	Tier 3
85631	San Manuel	AZ	Pinal	Tier 3
85632	San Simon	AZ	Cochise	Tier 2
85634	Sells	AZ	Pima	Tier 3
85635	Sierra Vista	AZ	Cochise	Tier 3
85636	Sierra Vista	AZ	Cochise	Tier 2
85637	Sonoita	AZ	Santa Cruz	Tier 2
85638	Tombstone	AZ	Cochise	Tier 3
85639	Topawa	AZ	Pima	Tier 2

ZIP	City	St	County	Tier
85640	Tumacacori	AZ	Santa Cruz	Tier 2
85641	Vail	AZ	Pima	Base Rate
85643	Willcox	AZ	Cochise	Tier 2
85645	Amado	AZ	Santa Cruz	Tier 2
85646	Tubac	AZ	Santa Cruz	Tier 2
85648	Rio Rico	AZ	Santa Cruz	Tier 3
85650	Sierra Vista	AZ	Cochise	Base Rate
85652	Cortaro	AZ	Pima	Base Rate
85653	Marana	AZ	Pima	Base Rate
85670	Fort Huachuca	AZ	Cochise	Base Rate
85701	Tucson	AZ	Pima	Base Rate
85702	Tucson	AZ	Pima	Base Rate
85703	Tucson	AZ	Pima	Base Rate
85704	Tucson	AZ	Pima	Base Rate
85705	Tucson	AZ	Pima	Base Rate
85706	Tucson	AZ	Pima	Base Rate
85707	Tucson	AZ	Pima	Base Rate
85708	Tucson	AZ	Pima	Base Rate
85710	Tucson	AZ	Pima	Base Rate
85711	Tucson	AZ	Pima	Base Rate
85712	Tucson	AZ	Pima	Base Rate
85713	Tucson	AZ	Pima	Base Rate
85714	Tucson	AZ	Pima	Base Rate
85715	Tucson	AZ	Pima	Base Rate
85716	Tucson	AZ	Pima	Base Rate
85717	Tucson	AZ	Pima	Base Rate
85718	Tucson	AZ	Pima	Base Rate
85719	Tucson	AZ	Pima	Base Rate

ZIP	City	St	County	Tier
85724	Tucson	AZ	Pima	Base Rate
85726	Tucson	AZ	Pima	Base Rate
85728	Tucson	AZ	Pima	Base Rate
85730	Tucson	AZ	Pima	Base Rate
85731	Tucson	AZ	Pima	Base Rate
85732	Tucson	AZ	Pima	Base Rate
85733	Tucson	AZ	Pima	Base Rate
85734	Tucson	AZ	Pima	Base Rate
85735	Tucson	AZ	Pima	Base Rate
85736	Tucson	AZ	Pima	Base Rate
85737	Tucson	AZ	Pima	Base Rate
85739	Tucson	AZ	Pima	Base Rate
85740	Tucson	AZ	Pima	Base Rate
85741	Tucson	AZ	Pima	Base Rate
85742	Tucson	AZ	Pima	Base Rate
85743	Tucson	AZ	Pima	Base Rate
85745	Tucson	AZ	Pima	Base Rate
85746	Tucson	AZ	Pima	Base Rate
85747	Tucson	AZ	Pima	Base Rate
85748	Tucson	AZ	Pima	Base Rate
85749	Tucson	AZ	Pima	Base Rate
85750	Tucson	AZ	Pima	Base Rate
85751	Tucson	AZ	Pima	Base Rate
85752	Tucson	AZ	Pima	Base Rate
85755	Tucson	AZ	Pima	Base Rate
85757	Tucson	AZ	Pima	Base Rate
85901	Show Low	AZ	Navajo	Tier 3
85902	Show Low	AZ	Navajo	Tier 3

ZIP	City	St	County	Tier
85911	Cibecue	AZ	Navajo	Tier 3
85912	White Mountain Lake	AZ	Navajo	Tier 3
85920	Alpine	AZ	Apache	Tier 3
85922	Blue	AZ	Greenlee	Tier 3
85923	Clay Springs	AZ	Navajo	Tier 3
85924	Concho	AZ	Apache	Tier 3
85925	Eagar	AZ	Apache	Tier 3
85926	Fort Apache	AZ	Navajo	Tier 3
85927	Greer	AZ	Apache	Tier 3
85928	Heber	AZ	Navajo	Tier 3
85929	Lakeside	AZ	Navajo	Tier 3
85930	McNary	AZ	Apache	Tier 3
85932	Nutrioso	AZ	Apache	Tier 3
85933	Overgaard	AZ	Navajo	Tier 3
85934	Pinedale	AZ	Navajo	Tier 3
85935	Pinetop	AZ	Navajo	Tier 3
85936	Saint Johns	AZ	Apache	Tier 3
85937	Snowflake	AZ	Navajo	Tier 3
85938	Springerville	AZ	Apache	Tier 3
85939	Taylor	AZ	Navajo	Tier 3
85940	Vernon	AZ	Apache	Tier 3
85941	Whiteriver	AZ	Navajo	Tier 3
85942	Woodruff	AZ	Navajo	Tier 3
86001	Flagstaff	AZ	Coconino	Base Rate
86002	Flagstaff	AZ	Coconino	Base Rate
86003	Flagstaff	AZ	Coconino	Base Rate
86004	Flagstaff	AZ	Coconino	Base Rate
86005	Flagstaff	AZ	Coconino	Base Rate



ZIP	City	St	County	Tier
86011	Flagstaff	AZ	Coconino	Base Rate
86015	Bellemont	AZ	Coconino	Base Rate
86017	Munds Park	AZ	Coconino	Base Rate
86018	Parks	AZ	Coconino	Base Rate
86020	Cameron	AZ	Navajo	Tier 2
86021	Colorado City	AZ	Mohave	Tier 3
86022	Fredonia	AZ	Coconino	Tier 3
86023	Grand Canyon	AZ	Coconino	Tier 2
86024	Happy Jack	AZ	Coconino	Tier 2
86025	Holbrook	AZ	Navajo	Tier 3
86029	Sun Valley	AZ	Navajo	Tier 3
86030	Hotevilla	AZ	Navajo	Tier 3
86031	Indian Wells	AZ	Navajo	Tier 3
86032	Joseph City	AZ	Navajo	Tier 3
86033	Kayenta	AZ	Navajo	Tier 3
86034	Keams Canyon	AZ	Navajo	Tier 3
86035	Leupp	AZ	Coconino	Tier 2
86036	Marble Canyon	AZ	Coconino	Tier 3
86038	Mormon Canyon	AZ	Coconino	Base Rate
86039	Kykotsmovi Village	AZ	Navajo	Tier 3
86040	Page	AZ	Coconino	Tier 3
86042	Polaca	AZ	Navajo	Tier 3
86043	Second Mesa	AZ	Navajo	Tier 3
86044	Tonalea	AZ	Coconino	Tier 3
86045	Tuba City	AZ	Coconino	Tier 3
86046	Williams	AZ	Coconino	Tier 3
86047	Winslow	AZ	Navajo	Tier 3
86053	Kaibito	AZ	Coconino	Tier 3

ZIP	City	St	County	Tier
86054	Shoton	AZ	Navajo	Tier 3
86301	Prescott	AZ	Yavapai	Base Rate
86302	Prescott	AZ	Yavapai	Base Rate
86303	Prescott	AZ	Yavapai	Base Rate
86304	Prescott	AZ	Yavapai	Base Rate
86305	Prescott	AZ	Yavapai	Base Rate
86312	Prescott Valley	AZ	Yavapai	Base Rate
86314	Prescott Valley	AZ	Yavapai	Base Rate
86320	Ash Fork	AZ	Yavapai	Tier 3
86321	Bagdad	AZ	Yavapai	Tier 3
86322	Camp Verde	AZ	Yavapai	Base Rate
86323	Chino Valley	AZ	Yavapai	Base Rate
86324	Clarkdale	AZ	Yavapai	Base Rate
86325	Cornville	AZ	Yavapai	Base Rate
86326	Cottonwood	AZ	Yavapai	Base Rate
86327	Dewey	AZ	Yavapai	Base Rate
86329	Humboldt	AZ	Yavapai	Base Rate
86332	Kirkland	AZ	Yavapai	Tier 2
86333	Mayer	AZ	Yavapai	Base Rate
86334	Paulden	AZ	Yavapai	Tier 3
86335	Rimrock	AZ	Yavapai	Base Rate
86336	Sedona	AZ	Coconino	Base Rate
86337	Seligman	AZ	Yavapai	Tier 2
86338	Skull Valley	AZ	Yavapai	Tier 3
86339	Sedona	AZ	Coconino	Base Rate
86340	Sedona	AZ	Coconino	Base Rate
86341	Sedona	AZ	Coconino	Base Rate
86342	Lake Montezuma	AZ	Yavapai	Base Rate

ZIP	City	St	County	Tier
86343	Crown King	AZ	Yavapai	Tier 2
86351	Sedona	AZ	Coconino	Tier 2
86401	Kingman	AZ	Mohave	Tier 3
86402	Kingman	AZ	Mohave	Tier 3
86403	Lake Havasu City	AZ	Mohave	Tier 3
86404	Lake Havasu City	AZ	Mohave	Tier 3
86405	Lake Havasu City	AZ	Mohave	Tier 3
86406	Lake Havasu City	AZ	Mohave	Tier 3
86409	Kingman	AZ	Mohave	Tier 3
86413	Golden Valley	AZ	Mohave	Tier 3
86426	Fort Mohave	AZ	Mohave	Tier 3
86427	Fort Mohave	AZ	Mohave	Tier 3
86429	Bullhead City	AZ	Mohave	Tier 3
86430	Bullhead City	AZ	Mohave	Tier 3
86432	Littlefield	AZ	Mohave	Tier 3
86433	Oatman	AZ	Mohave	Tier 3
86434	Peach Springs	AZ	Mohave	Tier 3
86435	Suapai	AZ	Coconino	Tier 3
86436	Topock	AZ	Mohave	Tier 3
86438	Yucca	AZ	Mohave	Tier 3
86439	Bullhead City	AZ	Mohave	Tier 3
86440	Mohave Valley	AZ	Mohave	Tier 3
86441	Dolan Springs	AZ	Mohave	Tier 3
86442	Bullhead City	AZ	Mohave	Tier 3
86444	Meadview	AZ	Mohave	Tier 3
86502	Chambers	AZ	Apache	Tier 3
86503	Chinle	AZ	Apache	Tier 3
86504	Fort Defiance	AZ	Apache	Tier 3

ZIP	City	St	County	Tier
86505	Ganado	AZ	Apache	Tier 3
86506	Houck	AZ	Apache	Tier 3
86507	Lukachukai	AZ	Apache	Tier 3
86508	Lupton	AZ	Apache	Tier 3
86510	Pinon	AZ	Navajo	Tier 3
86511	Saint Michaels	AZ	Apache	Tier 3
86512	Sanders	AZ	Apache	Tier 3
86514	Teec Nos Pos	AZ	Apache	Tier 3
86515	Window Rock	AZ	Apache	Tier 3
86520	Blue Gap	AZ	Navajo	Tier 3
86535	Dennehotso	AZ	Apache	Tier 3
86538	Many Farms	AZ	Apache	Tier 3
86540	Nazlini	AZ	Apache	Tier 3
86544	Red Valley	AZ	Apache	Tier 3
86545	Rock Point	AZ	Apache	Tier 3
86547	Round Rock	AZ	Apache	Tier 3
86556	Tsaile	AZ	Apache	Tier 3

**Appendix C: Base, Area 1, and Area 2 Identification (for nursing services only)**

Base/Area	Identification
Base	Service delivery requiring travel under 50 miles
Area 1	Service delivery requiring travel of 50 to 100 miles
Area 2	Service delivery requiring travel of more than100 miles

## Limitations

*These survey instructions are intended for the use of the State of Arizona Department of Economics Security (ADES) Department of Developmental Disabilities (DDD) in support of its 2023 Home and Community-Based Services (HCBS) rate study, and are not appropriate for other purposes. The terms of Milliman's contract with ADES signed on May 23, 2023 apply to these survey instructions and its use.*

*These survey instructions were developed to accompany the survey tool "2023 DDD HCBS Qualified Vendor Survey\_20230731.xlsx" dated July 31, 2023, and should not be reviewed without consultation of the survey tool. We understand this survey instructions will be shared by DDD with its qualified vendors for the purpose of completing the survey. These survey instructions should not be shared with other third parties without Milliman's prior consent. In the event such consent is provided, the survey instructions must be provided in their entirety.*

*In performing this work, we relied on data and information provided by DDD and its vendors. We have not audited or verified this data and information. If the underlying data or information is inaccurate or incomplete, the results of our assessment may likewise be inaccurate or incomplete.*

*Milliman makes no representations or warranties regarding the contents of these instructions to third parties. Likewise, third parties are instructed that they are to place no reliance upon these instructions prepared for DHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.*